06-02-06

PART B - FEE(S) TRANSMITTAL

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						(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/790,543	03/01/2004	Thomas		Cavanak	100-6403R	9687
TITLE OF INVENTION: N	OVEL CYCLOSPORIN GA	LENIC FORMS	t ···	06/05/2006 HTECKLU	12 00000004 190134 10	790543
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE		* • • • • • • • • • • • • • • • • • • •	300.00 TAA FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	06/02/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS		
RUSSEL, JEFFREY E		1654		514-011000		
I. Change of correspondence address or indication of "Fee Address" (3° CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(1) the na or agents (2) the na registered 2 registered	reprinting on the patent front page, list the names of up to 3 registered patent attorneys ents OR, alternatively, the name of a single firm (having as a member a cred attorney or agent) and the names of up to distered patent attorneys or agents. If no name is a no name will be printed. 1 Thomas R. Savitsky		
PLEASE NOTE: Unless recordation as set forth ir (A) NAME OF ASSIGN Novartis Assign	EE AG, Basel, Swit ed: 6/21/1999 a	elow, no assignee of this form is NO tzerland at Reel/Fr	data will app T a substitute (B) RESIDE	pear on the patent. If an assig for filing an assignment. ENCE: (CITY and STATE OR 010036/0275	COUNTRY)	
			b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0134 (enclose an extra copy of this form).			
a. Applicant claims S	(from status indicated above MALL ENTITY status. See is requested to apply the Issu ublication Fee (if required) vords of the United States Pate	37 CFR 1.27.		cant is no longer claiming SMA ny) or to re-apply any previous c other than the applicant; a req		
Authorized Signature	Thomas AR! Savi	S audi	hy	Date	May 31, 200 No. 31,661	26

an appreciation. Confidence to 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed apprication form-to-the-USPTIO.-Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden; should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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